

TRAINING REGISTRATION

STD. 697 (REV. 10-2004)

INSTRUCTIONS: Select one of the training providers listed below. Complete all appropriate sections of the form and mail or fax it to the provider. If you are uncertain about any item, please contact the provider for assistance. This form may be downloaded at www.dpa.ca.gov.

<input type="checkbox"/> Form accepted, but not required HHSDC Training Center - IMS C - 36 Health & Human Services Data Center 9323 Tech Center Drive, Suite 100 Sacramento, CA 95826 (916) 739-7502 FAX (916) 739-7779 www.training.ca.gov	<input type="checkbox"/> State Training Center (STC) - IMS G-2 (or) DEPARTMENT OF PERSONNEL ADMINISTRATION 1515 "S" Street, North Bldg., Suite 108 Sacramento, CA 95814-7243 (916) 445-5121 FAX (916) 324-4050 www.dpa.ca.gov	<input type="checkbox"/> Procurement Training - IMS Z-1 DEPARTMENT OF GENERAL SERVICES 707 Third Street, 2nd Floor West Sacramento, CA 95605 (916) 375-4500 FAX (916) 375-4545
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Privacy Statement: Providing the Social Security Number is voluntary in accordance with the Information Practices Act of 1977 and the Privacy Act of 1974 (PL 93-579). If provided, the Social Security Number may be used by departments to maintain records on training requested and attended by employees.

SECTION I PARTICIPANT INFORMATION *(Please print or type)*

RE QU IR ED	NAME	LAST NAME FIRST, FIRST NAME LAST	IMS CODE	CBID	ACCOUNTING CODE	CUSTOMER NUMBER
	DEPARTMENT			CLASSIFICATION		SOCIAL SECURITY NUMBER (Optional)
	DIVISION					
	ADDRESS			INTERNET E-MAIL ADDRESS <i>(Required)</i>		
	CITY, STATE, ZIP					
	DISABILITY ACCOMMODATION REQUIRED <i>(Auditory, Mobility, Visual, Other)</i>			TELEPHONE NUMBER <i>(Required)</i> ()		FAX NUMBER ()

SECTION II COURSE INFORMATION

COURSE TITLE [REQUIRED for STC classes] <i>(Include number, if appropriate)</i>	TUITION AMOUNT
	\$

ENROLL ME IN	SECTION	DATES	STATE TRAINING CENTER USE ONLY
1st Choice			<input type="checkbox"/> COMPLETED
2nd Choice			<input type="checkbox"/> NOT COMPLETED
3rd Choice			<input type="checkbox"/> DID NOT SHOW
<input type="checkbox"/> Check here to enroll in the next available session. <i>(Do not enter dates above. Provider will enter dates for you.)</i>			<input type="checkbox"/> LATE CANCEL

CONFIRMATION OF ENROLLMENT: A confirmation letter will be sent to the person named above with details about the class location, times, and dates. We will also tell you about any special materials you should bring to the class. If you have not received a notification letter **by five working days** prior to the class, please contact the appropriate training provider to ensure that you have been enrolled.


NOTE: The person listed below will also receive confirmation of the participant's enrollment. This person is responsible for notifying the appropriate training provider if the participant needs disability accommodation or if the participant must cancel or reschedule the enrollment.

CANCELLATIONS, SUBSTITUTIONS, NO-SHOWS: If unable to attend class, the participant should contact the training coordinator named below to either find a substitute or to cancel the registration. The training coordinator should call the training provider (checked above). Substitutions may be made at any time prior to the class. Cancellations received 10 working days or less before the start date of a class will be charged the full tuition amount. Persons who enroll in a class but do not attend and do not cancel will be charged the full tuition amount.

HHSDC Learning PASS PROGRAM - Phone 1-888-895-7337

We wish to purchase _____ Learning PASSes. Total cost of: \$

SECTION III BILLING INFORMATION






RE QU IR ED	SIGNATURE OF PERSON AUTHORIZING TRAINING AND EXPENDITURE		DATE SIGNED	TELEPHONE NUMBER <i>(Required)</i>
				()
	NAME		IMS CODE	FAX NUMBER <i>(Required)</i>
	DEPARTMENT			()
	DIVISION			INTERNET E-MAIL ADDRESS
	ADDRESS			FOR ADDITIONAL INFORMATION, CONTACT Training Coordinator Name & Phone
CITY, STATE, ZIP				

CANCELLATIONS / SUBSTITUTIONS / NO-SHOWS

State Training Center (STC): If unable to attend, contact the training coordinator named in Section III (other side) to either find a substitute, reschedule or to cancel the registration. Substitutions are permitted up to the first day of the class. You can reschedule a class without charge more than *10 working days* before the class date. To cancel, the training coordinator must call STC more than *10 working days* prior to the first day of class to avoid being charged the full tuition. Persons who enroll in a class but do not attend will be charged the full tuition. For more information, visit the DPA website at *www.dpa.ca.gov*.

Health & Human Services Data Center (HHSDC) Training Center: Cancellations and requests to reschedule enrolled students must be made by TEN (10) WORKING DAYS prior to the first day of class or the department will be required to pay the full course fee. Substitutions may be made at any time.

Department of General Services Procurement Training: If you are unable to attend class, you must contact your department's Training Coordinator to either find a substitute or to cancel the registration. The courtesy of a cancellation is requested as class offerings are limited and your cancellation will enable another employee to participate. Substitutions must be made in advance of a course and are applicable to the entire course session.

DEPARTMENT USE ONLY			
TRAINING CATEGORY		TRAINING TYPE	ENROLLMENT STATUS
<input type="checkbox"/> JOB REQUIRED		<input type="checkbox"/> COMPUTER	<input type="checkbox"/> Enrolled by phone
<input type="checkbox"/> JOB RELATED		<input type="checkbox"/> SUPERVISORY	<input type="checkbox"/> Not enrolled. Training Office to mail check and registration form
<input type="checkbox"/> UPWARD MOBILITY		<input type="checkbox"/> ALL OTHER	
<input type="checkbox"/> CAREER DEVELOPMENT			
COST AND BILLING INFORMATION		ADDITIONAL INFORMATION / JUSTIFICATION	
Registration Fees ----- \$ _____			
Books/Supplies ----- \$ _____			
Travel/Per Diem ----- \$ _____			
Total \$ _____			
MAKE CHECK PAYABLE TO _____			
UNIT NAME _____			
UNIT TELEPHONE NUMBER ()	EMPLOYEE'S TELEPHONE NUMBER ()		
APPROVALS (as needed)			
EMPLOYEE'S SIGNATURE 		ACCOUNTING OFFICER'S SIGNATURE 	
SUPERVISOR'S SIGNATURE 		DIVISION CHIEF'S SIGNATURE 	
TRAINING COORDINATOR'S SIGNATURE 		TRAINING OFFICER'S SIGNATURE 